Questions about cutting back on alcohol and the answers that may surprise you

A booklet for people who are considering quitting or drinking less alcohol
Are you concerned about your alcohol use?
Has a friend or family member told you that they are concerned about your drinking?

WHAT ARE YOUR GOALS?
If you are planning to cut back on how much you drink, a good starting point is to think about your goals.

- to quit drinking (also called being abstinent from alcohol)?
- to have fewer days of heavy drinking?
- to cut back on the total amount of alcohol you drink in a day, week, or month?
- to have fewer emergency room visits due to alcohol use?
- other: ____________________________________________

“Alcoholism” is now called **Alcohol Use Disorder**. It is a medical condition diagnosed by your health care provider. It occurs when drinking makes it difficult to manage your daily life and increases your risk of harm.
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...cause or worsen mental health issues.
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...drain the body of vitamins and nutrients.
People who drink regularly are at risk for low levels of vitamin B1. This can injure the brain, leading to confusion and trouble walking.

...damage your liver and pancreas.
Permanent damage to the liver is called cirrhosis. Almost half of all cirrhosis is caused by alcohol. Alcohol is also the number one cause of pancreatitis, which is inflammation of the pancreas.

...send you to the hospital.
Alcohol causes more people to go to the hospital than heart attacks. Alcohol can cause high blood pressure, bleeding in your stomach, alcohol poisoning, car crashes, other accidents (like falls), and attempted suicides.

...cause cancer.
Alcohol can cause cancers of the mouth, throat, liver, breast, and bowel.

...lead to relationship problems.
Alcohol use can damage personal and work relationships.

...harm unborn children.
For women who are pregnant, alcohol can cause miscarriage, stillbirth, or the baby to be small. Alcohol can also cause brain damage for the unborn baby. This can lead to learning or behavioural problems for them, and/or fetal alcohol spectrum disorder (FASD).
Drink a glass of water between alcoholic drinks. Try sparkling and/or flavoured waters.

Make weaker drinks with less alcohol. Use more mix to dilute your drinks and use less liquor.

Space out the length of time between drinks.

Can you limit yourself to one drink an hour? Or more?

Change from your favourite alcoholic drink to one you do not like as much.

Avoid the habitual or regular drink. For example, stay away from making 7 p.m. your regular cocktail hour.

If safe, plan “NO ALCOHOL DAYS” or days without alcohol. This shows that you can do it!

Keep alcohol out of the house. This may lower your temptation to drink.

Create a schedule that includes cutting down the amount of alcohol each week with potentially a planned stop date.

Avoid rewarding yourself with alcohol.

For example, resist planning to have a drink once your work is done.

What are some tips for drinking less?
CAN MEDICATIONS HELP DECREASE MY DRINKING?

YES. There are medications that have helped many people reduce, or completely stop drinking.

The two most common ones are called naltrexone and acamprosate. Below are some considerations to help you decide which might be right for you.

How do these medications work?
- **Naltrexone** blocks the good feelings that alcohol causes.
- **Acamprosate** lowers the urge to drink by helping to balance certain brain chemicals.

What are your goals of treatment?
- **Naltrexone** may prevent heavy drinking (how much you drink) and the urge or cravings to drink (how often you drink).
  - 1 out of 9 people who take naltrexone will be able to prevent a return to heavy drinking.
- **Acamprosate** helps support ongoing abstinence.
  - 1 out of 8 people who take acamprosate will stop drinking or become abstinent.

What happens if you drink alcohol while taking this medication?
- **Naltrexone**: you may feel less ‘buzzed’ or ‘drunk’ & have less desire to drink more.
- **Acamprosate**: reduces cravings to drink & does not interact directly with alcohol.

Do you struggle with remembering to take your medications?
- **Naltrexone** is taken once a day.
- **Acamprosate** is taken three times a day.

What are the possible side effects?
- **Naltrexone** might cause some nausea, headaches, and dizziness when you first start.
- **Acamprosate** may cause some diarrhea at the beginning of treatment.
  - Side effects are usually mild and get better in the first few weeks.

Are you currently using an opioid?
If yes, **naltrexone** must be avoided as it will interact with the opioid blocking the opioid’s effects.

Will you become addicted to the medication?
No.
These medications are not habit forming or drugs of abuse.

How much do these medications cost?
- **Naltrexone** costs about $115 a month.
- **Acamprosate** costs about $170 a month.
  - If you have drug coverage, the cost of the medication may be covered.
WOULDN’T QUITTING “COLD TURKEY” BE QUICKER & EASIER?

NO.

It is usually safest to gradually decrease your alcohol use with the help of a care provider unless you are in a place like the hospital or “detox”.

For someone whose body is dependent on alcohol, quitting “cold turkey” can cause uncomfortable withdrawal symptoms (such as tremors, sweating, nausea, and vomiting) and sometimes even serious seizures or death. Taking medications and nutritional supplements can prevent this discomfort and the serious withdrawal symptoms.

CALENDAR

Gradually reduce your number of drinks.

Mark’s Story

Naltrexone helped me to get my life back on track

Naltrexone was really a game changer in my recovery—like a keystone in my recovery plan. To put it in perspective, for three years I couldn’t stay sober for more than a week or two, even with trying to put in the work for recovery—I was in the hospital many times and it was terrible.

After getting started on the naltrexone, I wasn’t constantly fighting with myself not to drink, which made it easier to incorporate healthy lifestyle changes. When I did have a slip, I didn’t enjoy the drinking - it wasn’t like back to old patterns. It didn’t become a binge that would land me in the hospital.

Naltrexone helped me get on track much faster after the slip. For years I had put a lot of work into other recovery tools - the naltrexone allowed me to actually apply those tools. I’m one of those people who is scared to take new medications, but I was desperate. I didn’t have any side effects, but honestly even if I did have some side effects, I think it would be worth it for where I’m at right now.

In some ways I wonder why I wasn’t offered this sooner. All I know is it helped me to get my life back on track—I’m able to actually work on mental health and my addictions now.

~Mark
LOOK INSIDE FOR:

- Information about medications that may help you drink less or quit drinking.
- Actions you can take to change your drinking habits.

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